Ministry of
Health Services

SERVICE PLAN
2002/2003 – 2004/2005

BRITISH
COLUMBIA

Ministry of
Health Services

February 2002

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A *New Era* of Government Service

Three-year Service Plans represent an important part of the government's commitment to open and accountable government. In August 2001, the government amended the *Budget Transparency and Accountability Act* to require government to table a three-year Strategic Plan and annual three-year service plans for ministries and government organizations with the provincial budget. These Plans will ensure government and its individual ministries clearly outline their goals, and enable British Columbians to hold government accountable for its decisions and actions.

The government's Three Year Strategic Plan articulates the government's vision: *British Columbia is a prosperous and just province, whose citizens achieve their potential and have confidence in the future.* It also establishes three strategic goals that are key to achieving the government's overall vision:

- A strong and vibrant provincial economy
- A supportive social infrastructure
- Safe, healthy communities and a sustainable environment

This Service Plan details the Ministry's mission and objectives, which support the government's strategic goals. The Service Plan also includes performance measures that will be used to assess the Ministry's progress in achieving its objectives. Ministry objectives and performance measures are a new initiative. In some cases, as planning progresses, performance measures will become more detailed as they are further developed.

After the end of each fiscal year, the ministry will prepare a Service Plan Report that will describe actual accomplishments for the year just completed. The Report will include a comparison of planned and actual results, from both a financial and performance measure perspective and allow the public to assess the government's performance.

In the years ahead, Service Plans and Service Plan Reports, prepared by government ministries and organizations, will become the key tool by which government will manage public resources to ensure government programs are contributing, in a measurable way, to key government priorities in an efficient and effective manner.

The government's three-year Strategic Plan and Ministry three-year Service Plans will guide the reform of the province's public services so they meet British Columbians' needs. Measures to revitalize economic prosperity and protect and renew public services will lay the groundwork for a future of new opportunity for all British Columbians.

Accountability Statement — Minister of Health Services

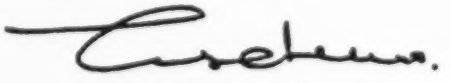
The 2002/03 - 2004/05 Ministry of Health Services Service Plan was prepared under my direction in accordance with the *Budget Transparency and Accountability Act*. I am accountable for the basis on which the plan has been prepared. The plan was developed in the context of the government's *New Era* commitments which are to be addressed by May 17, 2005. All material fiscal assumptions and policy decisions as of January 28, 2002 have been considered in preparing the plan and I am accountable for achieving the specific objectives in the plan.

Honourable Colin Hansen
Minister of Health Services
February 6, 2002

Accountability Statement — Minister of State for Mental Health

I am the Minister of State for Mental Health and under the *Balanced Budget and Ministerial Accountability Act*, I am accountable for achieving the following results for 2002/03:

- Increasing the percentage of mental health clients receiving services in their own region (Goal 1 — performance measure 4bii).
- Increasing the proportion of mental health clients accessing community services (Goal 1 — performance measure 4biii).
- Ensuring no increase in the number of days spent by mental health patients in hospitals after the need for hospital care has ended (Goal 1 — performance measure 4bi).
- Achieving a three per cent increase in the proportion of persons hospitalized for a mental health diagnosis who receive community or physician follow-up within 30 days of discharge (Goal 1 — performance measure 4a).
- Increasing mental health services funding (including capital) per capita by 4.2 per cent (Goal 3 — performance measure 3).



Honourable Gulzar Cheema
Minister of State for Mental Health
February 6, 2002

Accountability Statement — Minister of State for Intermediate, Long Term and Home Care

I am the Minister of State for Intermediate, Long Term and Home Care and under the *Balanced Budget and Ministerial Accountability Act*, I am accountable for achieving the following results for 2002/03:

- A two per cent increase in the number of home and community care clients with high care needs living in their own home (Goal 1 — performance measure 3 (a)).
- A five per cent decrease in the percentage of total inpatient days that are alternative level of care days (Goal 1 — performance measure 3 (b)).

Katherine Whittred

Honourable Katherine Whittred
Minister of State for Intermediate,
Long Term and Home Care
February 6, 2002

BRITISH COLUMBIA

Ministry of Health Services

I am pleased to present the three-year service plan of the Ministry of Health Services. This document sets out our plan to meet the requirements of our legislation and the mandate given to our ministry by Premier Gordon Campbell to achieve our *New Era* goals of providing high quality health care in a public health care system that is sustainable and affordable. It also details the strategic shifts the ministry will make in its core business areas, to focus health care funding on meeting the priority needs of patients.

This plan reflects a *New Era* of greater accountability that the Premier has asked our ministry to provide in the delivery of health services to British Columbians. It specifies the targets for improved patient care we have set for the ministry and B.C.'s health authorities in each of the next three fiscal years, and the strategies we will utilize to meet them.

The *New Era* commitments that are the responsibilities of the Minister of State for Mental Health and the Minister of State for Intermediate, Long Term and Home Care are also included in this plan.

Over the next three years, the work of the Ministry of Health Services outlined in this plan will be supported by the complementary work of the Ministry of Health Planning in the areas of long-term planning, policy development, legislation, professional regulation, prevention and health promotion.

The three years ahead will be a challenging time as our government implements new measures to save and renew publicly funded health care in British Columbia. This plan will serve to guide our actions and keep British Columbians informed as we work toward our goals for health care in this province.

Sincerely,

Honourable Colin Hansen
Minister of Health Services

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Introduction

In June 2001, the former Ministry of Health was restructured into two ministries — The Ministry of Health Planning and the Ministry of Health Services — to reflect the priority the new government places on a planned and accountable health services system. Although the mandates are distinct, the two ministries play essential complementary roles in ensuring the vitality and sustainability of British Columbia's health services system. Some responsibilities are jointly shared, others are shared but one Ministry has the lead, while in other areas a Ministry has exclusive responsibility.

The Ministry of Health Services is supported in its mission by the leadership of the Minister of State for Mental Health and the Minister of State for Intermediate, Long Term and Home Care.

While the two Ministries of Health provide overall leadership, direction, and financial stewardship for the B.C. health system, the health authorities are responsible for directly delivering health programs and services to British Columbians.

This service plan sets out the responsibilities for the Ministry of Health Services' performance, and articulates the strategies for 2002/03 - 2004/05 that directly support the attainment of the government's goal of high quality public health care services that meet patients' needs, where they live and when they need it. The ministry's performance is positioned in relation to the performance of the health services system as a whole. To reflect the corresponding roles of the two ministries, a parallel Service Plan has been developed for the Ministry of Health Planning. Thus, although this document details the Service Plan for the Ministry of Health Services, elements of this plan — the vision, mission, values, ministry goals and planning context — are necessarily identical to those included in the service plan for the Ministry of Health Planning. The reader is therefore reminded to review the two Ministries' plans in unison.

Strategic Context

(Shared with the Ministry of Health Planning)

Planning Context

Fiscal Challenges

For the two-year period beginning 2003/04, the Ministry of Health Services and the Ministry of Health Planning will be subject to the capping of provincial government health care funding in nominal terms. This cap represents a decline in health care budgets in constant dollar terms, and a greater decline in constant per capita terms. The resulting pressures will be exacerbated by an anticipated increase in requests for timely health care services, resulting from changing demographic trends, and key cost drivers.

Demographic trends

- a net increase in population, of approximately 50,000 persons in each of 2001 and 2002, of 55,000 in 2003, and of 60,000 in 2004;
- increasing ethnic diversity of the B.C. population due to immigration; and,
- increasing average age of the population.

Key cost drivers

- a backlog of demand for health services resulting in long wait times for some services, originating in part from years of reduced Federal government transfers;
- an aging health capital infrastructure resulting from inadequate investment in equipment and buildings;
- compensation increases across the health sector;
- increasing pressure from both public and providers for government to fund new technologies, pharmaceuticals, and clinical interventions regardless of value for money or established effectiveness; and,
- absence of accountability and a lack of data to support management decision making.

Challenges and Risks

- ensuring the delivery of a first class health system within a fixed budget;
- attracting and retaining high quality staff in the health sector;
- selecting for adoption only those new technologies which provide value for money and good patient outcomes;
- ensuring equity of access to health resources and quality of service across a large and geographically diverse province, with relatively few urban centres and many areas of sparse populations;
- meeting public and providers' expectations for health system innovation in the face of capped resources and major reorganization of the health system management structure;
- ensuring appropriate access to needed (medically required) services while managing both provider and public expectations that health and health related demands will be met though the public system;
- ensuring appropriate and productive stakeholder participation in the development of planning approaches in a newly configured health structure; and,
- aligning physicians' compensation incentives with population health outcomes goals.

Vision

The vision of the Ministry of Health Planning and the Ministry of Health Services is a health system that ensures high quality public health care services that meet patients' needs where they live and when they need them.

> *It's time to put patient care first. To do that we must renew public health care, through better management, adequate funding, proper staffing, and sound strategic planning*
>
> *— Gordon Campbell, Premier*

Mission

The joint mission of the Ministry of Health Planning and the Ministry of Health Services is to guide and enhance the province's health services in order to ensure British Columbians are supported in their efforts to maintain and improve their health. The top priorities of the two health ministries will be to fulfill the government's *New Era* vision of saving and renewing public health care and providing high quality public health care services that meet patients' most essential needs.

Values

The following value statements represent the set of beliefs that define our organizational behaviour:

Patient and Consumer Focus
Health services should be developed, delivered, and evaluated in collaboration with consumers and should respect the diversity of all British Columbians.

Equity
All British Columbians should have equity of access to health resources and equity in the quality of services provided.

Access
All British Columbians should have access to the health services they require.

Effectiveness
Health services should be managed and delivered to provide appropriate health outcomes for British Columbians.

Efficiency
Health services should be managed and delivered at the lowest cost consistent with quality services.

Appropriateness
Health services should provide the right service at the right time in the right place.

Safety
Health services should focus on minimizing risks to the health and safety of British Columbians.

These values are consistent with the principles for public health care of Accessibility, Comprehensiveness, Portability, Public Administration and Universality detailed in the *Canada Health Act*.

Strategic Shifts

The major strategic shifts being undertaken and the new core businesses for the health ministries have been developed to meet the New Era goals of providing high quality patient-centred care, improving the health and wellness of British Columbians and creating affordable and sustainable public health care. Significant, system-wide changes, clearly defined strategies and new long-term plans are needed to realize the New Era vision and goals.

These changes are also essential if the major problems plaguing B.C.'s health system are to be overcome and if B.C. is to attain a sustainable and affordable public system for the future. The current health system has been poorly managed and organized resulting in fragmented and inflexible delivery of services, waitlists in many areas, and a shortage of key health professionals. Our publicly funded system also has a finite ability to respond to the ever-growing list of demands from the public and from health providers. We are developing a better balance between what people want and their real health needs, what the system can realistically offer and what the province can afford to provide.

The B.C. government's vision and goals for saving and renewing public health care are reflected in the strategic shifts, the restructuring of the system and the health ministries, and the major initiatives outlined in this three year service plan.

The strategic shifts are:

Better Planning and Management

From:

- A fragmented system
- Inadequate focus on patient's needs
- Little accountability for patient outcomes
- Inadequate financial control
- Lack of clear performance objectives and clear results

To:

- A planned and well managed system
- Responsive to patient and population needs
- Accountable to the public for results
- Financial control through strong performance contracts between Health Authorities and the ministry which require successful outcomes and results

Meeting Patients' Real Health Needs

From:

- Ever-expanding scope of health sector
- Unlimited expectations of consumers
- Meeting demands regardless of cost or demonstrated benefit

To:

- A system that meets the real health needs of patients and the population, quickly, effectively and efficiently

Long-term Sustainability

From:

- Escalating costs and limited resources leading to reduced access to needed care

To:

- A sustainable system in which responsibility for appropriate use of health care services is shared among government, public, providers, and patients
- Efficient allocation of resources with consideration for economies of scale, scope and labour implications

Ministry Mandate

The role of the Ministry of Health Services is to fund, monitor and evaluate health system performance against clearly stated expectations. Its core functions are:

- Fund and direct health authorities
- Monitor health authority performance
- Evaluate performance
- Take action on non-performance
- Operate the two provincial service plans (Pharmacare, Medical Services Plan)
- Manage and deliver provincial emergency services (B.C. Ambulance Service)

Ministry Core Business

The core business areas of the Ministry of Health Services are being redefined to ensure the strategic shifts outlined above, which support the government's goals for health, are achieved. The Ministry's key new leadership responsibilities will be communicating, monitoring and securing compliance with government performance expectations (e.g., policy, standards, service volumes, health outcomes, quality, budget) to health authorities and other health providers; planning and administering the Medical Services Plan and the Pharmacare program. Key functions will be the routine monitoring of the health sector's compliance and peformance, providing advice and remedial support as required, undertaking annual comprehensive health authority appraisals, and enforcing consequences if health authorities fall short in delivering the results laid out in their performance contracts.

Regional Health Sector Funding

Health authorities are responsible for the direct delivery of the majority of health services. The Ministry of Health Services provides them with annual funding allocations for the provision of these services according to standards set by government. The Ministry of Health Services is committed to commence allocating this funding using a population needs based funding formula, to ensure transparent and equitable resource allocation.

Emergency Services

The British Columbia Ambulance Service (BCAS) provides pre-hospital emergency care, including air and land emergency transport.

Medical Services

The Medical Services Plan (MSP) pays fees, salaries and sessional payments for medically required services provided by physicians, diagnostic and laboratory services, in-hospital dental services and supplementary benefits.

Pharmacare

The province's drug insurance program, Pharmacare, assists British Columbia residents in paying for eligible prescription drugs and designated medical supplies.

Capital Financing

This area includes debt servicing and amortization of capital projects to support the government priority of high quality public health care services through the provision of appropriate space and equipment.

Corporate Services and Program Management

The Ministry of Health Services provides corporate support services for both itself and for the Ministry of Health Planning, including financial, information management, human resources and freedom of information and protection of privacy functions. The ministry also manages the performance contracts with health authorities and administers the Medical Services Plan and the Pharmacare program.

The primary functions of the Ministry of Health Services are communicating government performance expectations (i.e. policy, standards, service volumes, quality, budget, etc.) to health authorities and other health providers and planning and managing medical and pharmaceutical services.

With respect to the accountability function, the ministry undertakes routine monitoring of health authority compliance and performance, provides advice and remedial support as required, undertakes annual comprehensive health authority appraisal, and implements consequences for failure to comply/perform when required. With respect to physician human resources, the ministry works with the Medical Services Commission, the B.C. Medical Association, the College of Physicians and Surgeons, the Leadership Council, Medical Schools and other relevant parties to determine provincial need for medical services, plan physician supply, and develop strategies to support equitable provincial access.

Major Initiatives

All of the major initiatives to be undertaken by the Ministry of Health Services over the next three years will be in line with the strategic shifts laid out for B.C.'s health systems and the core business areas established for the ministry. Working closely with the new health authorities, some of the key actions will include: introducing major system redesigns that will create efficiencies and improvements in the delivery of acute, specialist and lab services; developing new ways of delivering highly specialized provincial services (heart transplant, cancer treatment); and introducing innovative new ways of delivering home, palliative and mental health care.

In conjunction with the Ministry of Health Planning, new Primary Care Renewal and Chronic Disease Management strategies are being developed and specific primary health care projects launched. These new services will ensure more people in communities throughout B.C. have access to around the clock care outside of hospitals, while offering better support to those British Columbians living with chronic diseases such as asthma and diabetes.

All of these initiatives will be key to fulfilling the *New Era* goals of providing high quality patient-centred care, improving the health and wellness of British Columbians and building a sustainable, affordable public health care system.

Ministry Goals

GOAL 1: HIGH QUALITY PATIENT-CENTRED CARE

Patients receive appropriate effective, quality care at the right time in the right setting and health services are planned, managed and delivered around the needs of the patient.

GOAL 2: IMPROVED HEALTH AND WELLNESS FOR BRITISH COLUMBIANS

Support British Columbians in their pursuit of better health through protection, promotion and prevention activities.

GOAL 3: A SUSTAINABLE, AFFORDABLE PUBLIC HEALTH SYSTEM

A planned, efficient, affordable and accountable public health system, with governors, providers and patients taking responsibility for the provision and use of these services.

Performance Measures and Targets

Goal 1: High Quality Patient-Centered Care

Patients receive appropriate, effective, quality care at the right time in the right setting and health services are planned, managed and delivered around the needs of the patient.

Objective 1: Health services are delivered according to best practices and standards.	**Objective 2:** Care is provided at the appropriate level in the appropriate setting.	**Objective 3:** Patients have equitable and timely access to health care services.	**Objective 4:** Patient satisfaction and public confidence in the system are increased.

Strategies

1. Work with Health Authorities and providers to implement and audit health service standards.
2. Rationalize and redesign hospital care.
3. Introduce strategies to improve access to basic health services (primary care).
4. Introduce strategies to improve the care of people with chronic health conditions.
5. Modernize mental health care through the implementation of the Mental Health Plan.
6. Implement an annual mental health services report card.
7. Reallocate resources and develop policy to support innovative community, home care and palliative care services as alternatives to institutional care.
8. Provide 5,000 new home and community care placements.
9. Commence implementation of a population needs-based funding formula to allocate resources to Health Authorities.
10. Establish the Provincial Health Services Authority to reduce variability in access to specialized services across patient groups and place of residence.
11. Work with Ministry of Health Planning to implement the rural and remote health initiative.
12. Expand the number of hospitals utilizing the PharmaNet system and B.C. Bedline.
13. Implement an integrated health information system to facilitate better patient care across programs.
14. Increase access to information to help patients and their families understand and manage their health through the self-care project, the Nurseline and other patient self-care approaches.

Performance Measures

1. Rates of compliance with selected protocols and standards.
   Target 02/03: Consider conditions and set targets in collaboration with the B.C. Medical Association (BCMA).
   Target 03/04: Increased compliance with protocols and standards
   Target 04/05: Increased compliance with protocols and standards

2. Acute Care indicators:
   a) 30-day in-patient mortality for acute myocardial infarction (heart attack) and stroke.
      Target 02/03: Set targets
      Target 03/04: Decrease in in-patient mortality rates
      Target 04/05: Decrease in in-patient mortality rates

   b) 5-year survival rates for lung, prostate, breast, colorectal cancer; relative survival rates for heart attack (365 days after admission to hospital) and stroke (180 days after admission).
      Target 02/03 Set targets
      Target 03/04: Increase in survival rates
      Target 04/05: Increase in survival rates

Goal 1: High Quality Patient-Centered Care continued...

c) Hospital re-admission rates for heart attack, congestive heart failure, pneumonia, and gastro-intestinal hemorrhage.
Target 02/03: Set targets
Target 03/04: Decrease in re-admission rates
Target 04/05: Decrease in re-admission rates

d) Rates of admission for conditions that could be managed outside hospital (conditions classified as "may not require hospitalization").
Target 02/03: 5% decrease
Target 03/04: 5% decrease
Target 04/05: 5% decrease

3. Home & Community Care indicators:
   a) Percentage of home and community care clients with high care needs living in their own home.
   Target 02/03: 2% increase in the number living at home
   Target 03/04: 5% increase in the number living at home
   Target 04/05: 5% increase in the number living at home

   b) Alternative level of care days as a percentage of total inpatient days.
   Target 02/03: 5% decrease
   Target 03/04: 5% decrease
   Target 04/05: 5% decrease

4. Mental Health Indicators:
   a) Improved continuity of care measured by the proportion of persons hospitalized for a mental health diagnosis who receive community or physician follow-up within 30 days of discharge.
   Target 02/03: 3% increase
   Target 03/04: 3% increase
   Target 04/05: 3% increase

   b) Improved availability of community services measured by:

   (i) Percentage of days spent by mental health patients in hospitals after the need for hospital care ended.
   Target 02/03: No change relative to the prior year
   Target 03/04: 2% reduction over the prior year
   Target 04/05: 2% reduction over the prior year

   (ii) Percentage of mental health clients receiving services in their own region.
   Target 02/03: Increase
   Target 03/04: Increase
   Target 04/05: Increase

   (iii) Proportion of mental health clients accessing community services.
   Target 02/03: Increase
   Target 03/04: Increase
   Target 04/05: Increase

Goal 1: High Quality Patient-Centered Care continued...

5. Appropriate use of blood products for clinical purposes measured by utilization of Intravenous/Immune Globulin Blood Products.

   Target 02/03: Stable

   Target 03/04: 5% decrease in grams per capita over the 2002/03 rate

   Target 04/05: Ongoing decrease

6. Waiting times for key services

   Radiotherapy

   Target 02/03: 90% of patients begin treatment within 4 weeks of being ready to treat.

   Target 03/04: maintain at 90% within 4 weeks

   Target 04/05: maintain at 90% within 4 weeks

   Chemotherapy

   Target 02/03: 90% of patients begin treatment within 2 weeks of being ready to treat.

   Target 03/04: maintain at 90% within 2 weeks

   Target 04/05: maintain at 90% within 2 weeks

7. Regional variation in access to selected services.

   Target 02/03: Reduce variation in regional differences to access services by 10%*.

   Target 03/04: Reduce variation in regional differences to access services by 10%*.

   Target 04/05: Reduce variation in regional differences to access services by 10%*.

   *10% reduction in variation around the provincial average, for services where variation in the range of utilization rates across regions is more than 100%.

8. Administrative and support services expenditures as a percentage of total expenditures, by health authority.

   Target 02/03: Maintain 2000/01 percentage (25.8%)

   Target 03/04: Reduce from 2000/01 percentage

   Target 04/05: Reduce from 2000/01 percentage

9. Public satisfaction rates.

   Target 02/03: maintain public satisfaction levels at current rate of 45- 50% satisfied with the way health services are provided.

   Target 03/04: maintain 45- 50% satisfaction rate

   Target 04/05: maintain 45- 50% satisfaction rate

10. 24 by 7 access to basic health services (primary care).

    Target 02/03: 25% increase in Nurse Line use (from 2001/02 baseline); 15% increase in call forwarding from physician offices to Nurse Line of after hour calls.

    Target 03/04: 35% increase in Nurse Line use (from 2001/02 baseline); 25% increase in call forwarding from physician offices to Nurse Line of after hour calls (from baseline of 2002/03.

    Target 04/05: 45% increase in Nurse Line use (from 2001/02 baseline); 35% increase in call forwarding from physician offices to Nurse Line of after hour calls (from baseline of 2002/03).

Goal 2: Improved Health and Wellness for British Columbians

Support British Columbians in their pursuit of better health through protection, promotion and prevention activities.

Objective 1: Reduce occurrence of preventable disease, illness and disability.	**Objective 2:** Reduce inequalities in health status among specific populations in British Columbia.	**Objective 3:** People have the information they need to stay healthy.

Strategies

1. Deliver effective strategies to prevent or delay onset of selected illnesses and injuries.
2. Promote behaviors that decrease people's risk of preventable illness.
3. Ensure compliance with and enforcement of health regulations that protect the health of the public.
4. Support initiatives to improve Aboriginal health through the formalized participation of Aboriginal people in the planning and delivery of health care.
5. Support initiatives to improve the health status of people with mental illnesses.

Performance Measures

1. Incidence of selected communicable diseases (acute hepatitis B; cryptosporidiosis; *E. coli* 0157).

   Acute hepatitis B (preventable through immunization):

   Target 02/03: 2.6 cases per 100,000 population, down from overall population rate of 2.8 per 100,000 in 2001/02

   Target 03/04: 2.4 cases per 100,000

   Target 04/05: 2.2 cases per 100,000

   Cryptosporidiosis (a measure of drinking water quality):

   Target 02/03: 4 cases per 100,000 population

   Target 03/04: 3.5 cases per 100,000

   Target 04/05: 3 cases per 100,000

   E. coli (a measure of food safety):

   Target 02/03: Rate to remain below 4 cases per 100,000 population

   Target 03/04: Rate to remain below 4 cases per 100,000

   Target 04/05: Rate to remain below 4 cases per 100,000

2. Potential Years of Life Lost (PYLL) due to cancer, cardiovascular disease and injuries.

   Cancer:

   Target 02/03: 12.6 PYLL per 1,000 population

   Target 03/04: 12.5 PYLL per 1,000

   Target 04/05: 12.3 PYLL per 1,000

   Cardiovascular (heart) Disease:

   Target 01/02: 6.7 PYLL per 1,000 population

   Target 02/03: 6.5 PYLL per 1,000

   Target 03/04: 6.3 PYLL per 1,000

   Injuries:

   Target 02/03: 14.3 PYLL per 1,000 population

   Target 03/04: 13.9 PYLL per 1,000

   Target 04/05: 13.6 PYLL per 1,000

Goal 2: Improved Health and Wellness for British Columbians continued...

3. Immunization rates.

2 year olds with up-to-date immunizations

Target 02/03: 82%

Target 03/04: 83%

Target 04/05: 85%

Influenza vaccination, population age 65 and over

Target 02/03: 2% increase

Target 03/04: 2% increase

Target 04/05: 2% increase

4. Utilization of screening programs for at risk groups (screening mammography).

Target 02/03: 58%

Target 03/04: 60%

Target 04/05: 62%

5. Smoking rates (measured every 2 years).

Target 02/03: Reduce smoking prevalence by 1% per year from 2000 baseline, to 19% for population age 15 and older, 17% for youth age 15-19.

Target 04/05: Smoking rate age 15 and older: 17%; age 15-19: 15%. Reduce smoking rates in the highest-rate regions toward the mid-range.

6. Rates of healthy behaviors and conditions.

Percentage of population age 12 and older physically active enough to attain health benefits (measured every 2 years)

Target 02/03: maintain at 27%

Target 04/05: 28%

Percentage of adults with a healthy body weight* (measured every 2 years)

Target 02/03: maintain at 45%

Target 04/05: maintain at 45% (effectively halting the trend to increasing overweight)

* Proportion of the population age 20-64 with an acceptable weight for their height (a Body Mass Index between 20.0 and 24.9).

7. Improved health status for Aboriginal peoples measured by infant mortality and life expectancy.

Long-term target: Comparable health status between Aboriginal people and other residents of British Columbia.

Target 02/03: Improvement in Status Indian infant mortality and life expectancy, from 1991-1999 baseline.

Target 03/04: Improvement in Status Indian infant mortality and life expectancy, from 1991-1999 baseline.

Target 04/05: Status Indian infant mortality rate equal to that of other residents of B.C.; continued improvement in Status Indian life expectancy.

Goal 3: A Sustainable, Affordable Public Health System

A planned, efficient, affordable and accountable public health system, with governors, providers and patients taking responsibility for the provision and use of these services.

Objective 1: Invest in maintaining health in order to avoid higher costs in the future.	**Objective 2:** Reduce the burden of cost on the public system.	**Objective 3:** Appropriate organizational capacity to manage the health care system and efficiently deliver necessary services.

Strategies

1. Reduce the incidence of preventable conditions through targeted prevention programs based on a business case.
2. Introduce more modern and cost-effective strategies for patient care to reduce complications and unnecessary health services.
3. Restructure user fees for selected non-*Canada Health Act* services to reflect ability-to-pay.
4. Implement a framework for increased private sector involvement in capital financing, in the delivery of health services, and in the development and implementation of necessary information technology systems.
5. Implement an information technology plan that incorporates shared, standardized business systems across regions.
6. Restructure the regional health services delivery system.
7. Reorganize the Ministry of Health Services to better support the health system.
8. Implement a definitive accountability strategy that includes:
   - Clear expectations for performance,
   - Performance contracts for health authorities,
   - Routine reporting and monitoring,
   - Comprehensive assessment using agreed upon performance indicators, and
   - Opportunities for support and assistance for performance improvement.
9. With the Ministry of Health Planning, develop and implement efficiency mechanisms for the Medical Services Plan, Pharmacare, laboratory services, ambulance and regional programs.
10. Review the provision of ambulance services.
11. Work with the health authorities and professional associations to implement strategies to support effective and appropriate use of the health care workforce.
12. Establish a Leadership Council of health authority CEOs and senior government officials, to provide overall guidance and leadership to the health system.
13. Manage within the three-year funding target.

Performance Measures

1. Cross program patient costs (e.g. diabetes).

Diabetes

Target 02/03: develop 2000/01 baseline and targets for 2003/04 and 2004/05

Target 03/04: reduction in patient costs

Target 04/05: reduction in patient costs

Goal 3: A Sustainable, Affordable Public Health System continued...

2. Regional financial status (health authorities in a balanced budget position at year-end).
   Target 03/04: Expenditures will not exceed revenues in this fiscal year
   Target 04/05: Expenditures will not exceed revenues in this fiscal year

3. Mental health services funding (including capital) per capita.
   Target 02/03: 4.2% increase
   Target 03/04: 4.0% increase
   Target 04/05: 3.9% increase

Consistency with Government's Priorities

Government's Priorities Related to the Ministry

- High quality public health care services that meet all patients' needs, where they live and when they need it.
- Better services for children, families and First Nations.
- Greater equity and equality for British Columbia in Canada.
- Responsible, accountable management of British Columbians' public resources and tax dollars.

Ministry Goals

1. High Quality Patient-Centered Care.
2. Improved Health and Wellness of British Columbians.
3. A Sustainable, Affordable Public Health System.

The Ministry of Health Services is responsible for achieving the *New Era* commitments and Key Projects identified by the Premier in his mandate letter to the Minister. The Ministry is also responsible for ensuring its fiscal plans meet the government's three-year budget targets and for implementing the organizational changes recommended by the Core Services Review.

The *New Era* commitments that are the responsibilities of the Minister of State for Mental Health and the Minister of State for Intermediate, Long Term and Home Care are also covered in this plan. These reflect government's priorities to:

- Fund the Mental Health Plan; and
- Develop an intermediate and long-term care facilities plan that addresses the needs of our aging population.

The Ministry of Health Services will work in tandem with the Ministry of Health Planning to ensure that the *New Era* Commitments and government priorities are addressed. Health Planning will take the lead in planning activities, and Health Services will be responsible for implementation and monitoring of allocations to the health regions and the services they provide. Both ministries will work closely together in supporting the accountability goal of government.

The Ministry will also be working closely with the Ministry of Education and the Ministry of Advanced Education in achieving the Health Human Resource Planning priorities for the Health Services System. A major collaborative initiative will be the implementation of the health care professional training strategies such as the nursing strategy to address critical labour shortages in the health care sector.

The Ministry will continue to work closely with the Ministry for Children and Family Development in addressing the health care needs of B.C.'s children including early childhood development initiatives and the provision of mental health services for children and youth.

The Minister of State for Mental Health will ensure early action on mental

health services within the current budget allocation, become the advocate for mental health services throughout government and establish a public information program on mental health issues and community services in cooperation with other government agencies, professional bodies and community groups.

The Minister of State for Intermediate, Long Term and Home Care will ensure early action on intermediate, long-term and home care services, serve as the point person for those wishing to make representation on issues related to continuing care and establish a new and cost-effective strategy to provide 5,000 new home and community care placements over the next five years.

Resource Summary

The following table summarizes the fiscal plans for 2002/03 through 2004/05 that achieve the 2004/05 fiscal targets provided to the Ministry of Health Services.

SUMMARY EXPENDITURE PLAN

Core Business	2001/02 Restated Estimates	2002/03 Estimates	2003/04 Plan	2004/05 Plan
Operating Expenditures - $ 000				
One-time Funding	5,680			
All Other Programs:				
Pharmacare	708,691	718,273	630,384	722,887
MSP	2,244,417	2,517,611	2,549,223	2,583,132
Ambulance Services	191,188	187,566	187,566	187,566
Regional Health Sector Funding	5,927,453	6,337,251	6,405,347	6,296,665
Capital Financing	289,300	305,900	321,100	328,100
Corporate Services and Program Management	149,335	138,799	113,025	88,295
Totals	9,516,064	10,205,400	10,206,645	10,206,645
FTEs				
	3,331	2,789	2,639	2,578
Consolidated Capital Plan - $ 000				
Pharmacare				
MSP				
Ambulance Services				
Regional Health Sector Funding				
Capital Financing (including Regional Hospital District shares)[1]	324,600	328,100	200,900	176,700
Corporate Services and Program Management				
Totals	324,600	328,100	200,900	176,700
Ministry Capital Assets (Consolidated Revenue Fund) - $ 000				
Pharmacare				
MSP				
Ambulance Services	10,155	10,155	10,155	10,155
Regional Health Sector Funding				
Capital Financing				
Corporate Services and Program Management	16,349	13,735	10,868	9,030
Totals	26,504	23,890	21,023	19,185
Financing Transactions - $ 000				
Health Innovation Incentive Program (HIIP)– Receipts	(2,376)	(1,362)	(2,047)	(1,979)
HIIP – Disbursements	8,000	0	0	0
HIIP - SubTotal	5,624	(1,362)	(2,047)	(1,979)
(net of RHD share)				
Totals	5,624	(1,362)	(2,047)	(1,979)

[1] Includes Regional Hospital District portions of 50,300 (2001/02); 55,200 (2002/03); 49,000 (2003/04); 51,900 (2004/05).

2002/03 FUNDING BY CORE BUSINESS AND MINISTRY GOAL[2] - MOHS

	$ 000			
Core Business	**Goal 1**	**Goal 2**	**Goal 3**	**Total**
Pharmacare	718,273			718,273
Medical Services Plan	2,517,611			2,517,611
Ambulance Services	187,566			187,566
Regional Health Sector Funding	6,041,251	296,000		6,337,251
Capital Financing	305,900			305,900
Corporate Services and Program Management			138,799	138,799
Fiscal Year 02/03	**9,770,601**	**296,000**	**138,799**	**10,205,400**

	FTEs			
Core Business	**Goal 1**	**Goal 2**	**Goal 3**	**Total**
Pharmacare				
Medical Services Plan				
Ambulance Services	1,759			1,759
Regional Health Sector Funding				
Capital Financing				
Corporate Services and Program Management			1,030	1,030
Fiscal Year 02/03	**1,759**		**1,030**	**2,789**

[2] Funding by goal was derived as follows: Goal 1 — Program service delivery budgets, excluding public and preventive services; Goal 2 — Public and preventive services; Goal 3 — Program management budgets for all programs. A more detailed analysis of core business funding by ministry goal will be provided in future ministry service plans.

FTE by goal was derived as follows: Goal 1 — Services are provided by non-government FTEs with the exception of the B.C. Ambulance Service, which provides direct services to clients; Goal 2 — Services are provided by non-government FTEs; Goal 3 — Direct government FTEs providing corporate services and program management functions.

Appendix A: Major Capital Projects

Commitments or anticipated commitments for 2002/03 have been made to the following major capital projects:

Vancouver General Hospital, Jim Pattison Pavilion, $156 million (in progress)

Prince George Hospital Redevelopment, $50 million (in progress)

Fraser Valley Health Center/Eastern Fraser Valley Cancer Centre, $210 million (under review)

The objective of these projects is to provide high quality public health care services that meet patients' needs. The risks associated with these projects include: project delays, changes in market conditions, scope, design and technology changes, building code changes, and cost sharing agreements with other jurisdictions. Detailed project plans are available from the Ministry of Health Services.

Three major emphases on new capital spending in 2002/03 – 2004/05 are projects related to converting existing facilities to more appropriate uses consistent with new regional priorities, implementation of the Mental Health Plan (e.g. Tertiary Mental Health Facilities in Kamloops), and development of new residential care beds (e.g. Omineca Lodge replacement in Vanderhoof).

New Era

A framework will be developed to increase private sector involvement in capital projects with the objective of reducing provincial capital investment, reducing total lifecycle costs in maintaining or improving service quality in patient care and reducing patient risk for the province.

Appendix B: Information Resource Management Plan (IRMP)

The on-going Core Review, potential Government wide shared/centralized information technology services and budget reduction limit the extent to which the Ministry of Health Services and the Ministry of Health Planning can plan for their detailed information management/ information technology activities for 2002/03. This document will be updated as more information becomes available.

Mandate of the Information Management Group

The Information Management Group (IMG), funded by the Ministry of Health Services, supports the vision and goals of the Ministry of Health Planning and the Ministry of Health Services by fulfilling the following mandate:

IMG is responsible for providing province-wide information management strategies, policies and standards. It also coordinates the development and implementation of technology initiatives and infrastructure, such as HealthNet\B.C., that is necessary to electronically link the health sector. Within the Ministries, IMG is responsible for information management and technology planning, development, procurement, implementation and operations to ensure that appropriate information management and technology services are in place to support the business objectives of the program areas. IMG is also responsible for records management.

Health Information Management Priorities

In support of the health information management vision to have "the right information in the right hands at the right time to support health, health care delivery and health system sustainability", the Ministries have established the following priorities:

- Provide information management and technology infrastructure to the Ministries;
- Work with Health Authorities and other health partners to develop a Strategic Plan for Health Information Management in British Columbia;
- Develop a comprehensive Technology Plan to assist health care professionals in delivering faster, more effective treatment to patients through new information technology and telemedicine (*New Era* commitment);
- Establish the Electronic Health Record (EHR) to improve patient care and clinical decision making with due attention to security and privacy protection;
- Make health information and services electronically available to the public to help them improve wellness, learn about illnesses and treatment options, find appropriate health services and be able to receive certain services on-line; and,
- Provide aggregated health information to governors, administrators and researchers that will benefit planning and decision-making.

Major Projects

Pharmacare Plan I — This project will expand the variables used to determine program deductibles. The development of this system is estimated to take one year.

Provider Registry — Provider Registry is a standards-based repository of core data on health care providers. The system is one of the key components of a national Electronic Health Record, and is jointly funded and developed by the four western provinces and Health Canada. The project began in December 2001 and is scheduled to be ready for implementation by October 2002.

Secure Information Transport Strategic Options Project (e-Secure) — Its purpose is to determine practical options for secure information transport among the various health sector stakeholders. The security business requirement and technology options were completed in January 2002. Implementation is scheduled for 2002/03.

E-mail Conversion — Its purpose is to support a common government infrastructure by migrating e-mail/calendar from Netscape to Microsoft. The project is to be completed by July 2002.

HNData Phase Two — HNData is a data warehouse information utility designed to integrate information from the health sector to support decision-making, planning and research. Phase Two, to be completed by December 2002, will include source data from Acute Care, Vital Statistics, Continuing Care, Mental Health, Public Health, Environmental Health, and financial information.

Single Registry — Currently two different systems, containing beneficiary demographic information, are used to verify Medical Services Plan enrollment. These systems need to be merged to provide integrated demographic data that is web accessible. The single registry is estimated to reduce operating costs by $100K annually.

CHIPP Projects — Eight projects from B.C. were approved for Federal funding of $11.7 million. The eight projects are: B.C. Telehealth Program (Health Association of B.C.), Provider Registry (British Columbia Ministry of Health Services), TeleMentalHealth Services in B.C. and the Yukon (Mental Health Evaluation and Community Consultation Unit/U.B.C.), Bridges to Better Health (Children & Women's Health Centre of B.C.), Central B.C. and Yukon Telemedicine Initiative (Interior Health Authority), Implement an Integrated Community Mental Health Information System (Vancouver Island Health Authority), HealthLink (Interior Health Authority), and SYNAPSE Multi-Jurisdictional Mental Health Information System Project (Vancouver Coastal Health Authority).

MSP Direct Phase II — This is a web based interface system for Registration and Premium Billing. Built on the success of Phase I, which provided the employer groups with the ability to access, verify and update certain information regarding their employees through the web, Phase II is expected to extend the same ability to individual beneficiaries.

Feasibility Study for Public Access To Health Information — Its purpose is to conduct a feasibility study for providing the public with web access to the Immunization data located at B.C. Centre for Disease Control. Issues involved are data ownership, freedom of information and protection of privacy, and authentication.

Conclusion

Information Management/Information Technology (IM/IT) plays a key role in accessing, processing and disseminating health information to support the day-to-day operation, administration, management and long term planning of the health system. It is increasingly seen as a necessary investment and an essential tool for achieving the government's commitments of electronic service delivery/e-government, telehealth/telemedicine and accountability.

As the Ministries re-examine their core services and administrative structure, many programs are looking at information technology as their chosen solution to improving service delivery and efficiency. Although the current budget reality poses significant challenges to delivering the much needed IM/IT services and long term solutions, the Ministries will continue to be innovative in fulfilling the IM/IT promises.

Appendix C: Human Resource Management Plan (HRMP)

The critical human resources issues for the Ministry of Health Services and the Ministry of Health Planning are organization planning and workforce adjustment in order to build capacity to meet the operational requirements resulting from the extensive changes and impacts to employees expected to result from Core Review, budget reductions and other cross government initiatives. The corporate goal is to rebuild and sustain a professional public service capable of providing quality services to British Columbia residents. The Ministry of Health Services provides the corporate support services for human resource planning for both the Ministry of Health Services and the Ministry of Health Planning.

The HRMP prepared for the Public Service Employee Relations Commission includes performance measures for each of the goals and objectives presented below.

Goal	Objective	Strategy	Performance Measures/Outcomes/ Indicators
Organization Planning A skilled and competent workforce capable of delivering on new ministry goals	• Ensure the right people with the appropriate skills are staffed in the right positions	• Develop an organization plan to support business redesign	• A clear organization plan and structure
Workforce Adjustment Redundant positions and surplus employees identified and people affected are treated with fairness, consideration and subject to due process	• Identify the workforce adjustment implications of budget reductions • Implement changes and evaluate during transition	• Create an executive-based Transition Steering Committee to oversee work force adjustment and restructuring, including a communication plan • Identify the redundant positions and surplus employees • Identify the succession planning implications due to early retirement and employee movement • Complete the Workforce Adjustment process provided in the Handbook • Early Retirement Incentive Program delivered • Determine and provide education and support to managers and employees	• % and $ change in workforce to meet budget requirements, as determined • Retirement projections distributed to senior managers • Early Retirement Incentive Program delivered
Recruitment Talented people attracted to new opportunities	• Find and attract capable individuals for opportunities	• Identify difficult to recruit positions and conduct targeted strategies to find qualified people	• Positions filled within 14 weeks of posting

Goal	Objective	Strategy	Performance Measures/Outcomes/ Indicators
Employee Learning Skilled, capable, learning employees that support achievement of ministry goals	• Ensure employees have the skills to do their jobs and are growing their skills for new and changing opportunities	• Identify cross training or enhanced skill development required for new organization • Build learning plans into performance management plans • Build diversified learning opportunities such as job shadowing, mentoring, project assignments, etc.	• Skilled employees performing job duties • 5% of employees involved in diversified learning opportunities
Management Learning Skilled, capable, learning managers that support achievement of ministry goals	• Develop skilled managers who provide strong organizational leadership	• Build learning plans into performance management plans • Conduct change management training for managers	• Skilled managers performing job duties
Career Planning Career growth and professional development for employees	• Provide an environment of self reliance for advancement and learning	• Support career plans as part of performance management plans • Maintain an electronic career planning program	• Career plans developed
Succession Planning People for key positions and leadership roles identified both now and in the future	• Ensure long term plan to fill human resource needs of ministry and government	• Identify and plan for workforce implications due to early retirement and employee movement • Identify knowledge transfer strategies • Identify a leadership development strategy	• Potential candidates identified for all key roles